STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155793	A. BUILDING _____ B. WING _____	R-C 03/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMILTON TRACE OF FISHERS	11851 CUMBERLAND RD FISHERS, IN 46037

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00162111 completed on January 15, 2015.

This visit was in conjunction to the PSR to the Recertification and State Licensure Survey and the PSR to the Investigation of Complaint IN00163025 completed on February 11, 2015.

This visit was in conjunction with the investigation of complaintsIN00167239 and IN00169533.

Complaint IN00162111: corrected

Survey dates: March 18, 19 and 20, 2015

Facility number: 012644
Provider number: 155793
AIM number: 201046710

Survey team:
Gloria Bond, RN TC
Sandie Nolder, RN
Michelle Hosteter RN

Census bed type:
SNF: 50
SNF/NF: 54
Residential: 29
Total: 133

Census payor type:
Medicare: 37
Medicaid: 27
Other: 40
Total: 104

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 000}	Continued From page 1 Sample: 7 Hamilton Trace of Fishers was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaint IN00162111. Quality Review was completed by Tammy Alley RN on March 23, 2015.	{F 000}		